

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

015-

SFUND RECORDS CTR

999000786

PRODUCER OF WASTE (Must be filled by producer)

Name ALUMINUM CODE AMERICA ☐ ☐ ☐ ☐ ☐ ☐

(PRINT OR TYPE) CODE NO.

Pick up Address: 5151 FLORIANE VERMONT 90458

(NUMBER) (STREET) (CITY)

Telephone Number: 43-566-2411 P.O. or Contract No.: _____

Order Placed By: J. HERIN Date: 2-5-80

Type of Process which Produced Wastes: ALUMINUM FABRICATION ☐ ☐ ☐ ☐ ☐ ☐

(Examples: metal plating, equipment cleaning, oil drilling - wastewater treatment, pickling bath, petroleum refining)

CODE NO.

DESCRIPTION OF WASTE (Must be filled by producer)		
Check type of wastes:		
1. <input type="checkbox"/> Acid solution	6. <input type="checkbox"/> Tetraethyl lead sludge	11. <input type="checkbox"/> Contaminated soil and sand
2. <input type="checkbox"/> Alkaline solution	7. <input type="checkbox"/> Chemical toilet wastes	12. <input type="checkbox"/> Cannery waste
3. <input type="checkbox"/> Pesticides	8. <input type="checkbox"/> Tank bottom sediment	13. <input type="checkbox"/> Latex waste
4. <input type="checkbox"/> Paint sludge	9. <input type="checkbox"/> Oil	14. <input type="checkbox"/> Mud and water
5. <input type="checkbox"/> Solvent	10. <input type="checkbox"/> Drilling mud	15. <input type="checkbox"/> Brine

<input checked="" type="checkbox"/> Other (Specify) <u>ALUMINUM OXIDES</u>		<div style="display: flex; justify-content: space-between;"> <div style="width: 15px; height: 15px; border: 1px solid black;"></div> <div style="width: 15px; height: 15px; border: 1px solid black;"></div> <div style="width: 15px; height: 15px; border: 1px solid black;"></div> </div>			
Components: (Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanide)		Upper	Concentration: Lower	%	ppm
1.	X	_____	_____	<div style="border: 1px solid black; width: 30px; height: 30px;"></div>	<div style="border: 1px solid black; width: 30px; height: 30px;"></div>
2.		_____	_____	<div style="border: 1px solid black; width: 30px; height: 30px;"></div>	<div style="border: 1px solid black; width: 30px; height: 30px;"></div>
3.		_____	_____	<div style="border: 1px solid black; width: 30px; height: 30px;"></div>	<div style="border: 1px solid black; width: 30px; height: 30px;"></div>
4.		_____	_____	<div style="border: 1px solid black; width: 30px; height: 30px;"></div>	<div style="border: 1px solid black; width: 30px; height: 30px;"></div>
5.		_____	_____	<div style="border: 1px solid black; width: 30px; height: 30px;"></div>	<div style="border: 1px solid black; width: 30px; height: 30px;"></div>
6.		_____	_____	<div style="border: 1px solid black; width: 30px; height: 30px;"></div>	<div style="border: 1px solid black; width: 30px; height: 30px;"></div>

Hazardous Properties of Waste:

pH 7-9 ☐ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosive

Bulk Volume: _____ ☐ gal ☐ tons ☒ barrels (42 gal.) ☐ other _____ (SPECIFY)

Containers: _____ (NUMBER) ☐ drums ☐ cartons ☐ bags ☐ other TANK (SPECIFY)

Physical State: ☐ solid ☒ liquid ☒ sludge ☐ other _____ (SPECIFY)

Special Handling Instructions (if any):

NONE

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).

I certify (or declare) under penalty of perjury
that the foregoing is true and correct.

N. F. Plakhi
SIGNATURE OF AUTHORIZED AGENT AND TITLE

HAULER OF WASTE (Must be filled by hauler)

ASBURY OIL CO.
13419 Halldale Ave., Gardena, California 90249
Phone: (213) 321-1392

999000786

CODE NO.

Pick Up: 2-23-80 Time: ☐ am ☐ pm
(DATE) 15

State Liquid Waste Hauler's Registration No. (if applicable):

Job No.: No. of Loads or Trips: 2 Unit No. 4

Vehicle: ☒ vacuum truck 100 barrels, ☐ flatbed, ☐ other
(SPECIFY)

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Steve Priddy
SIGNATURE OF AUTHORIZED AGENT AND TITLE

DISPOSER OF WASTE (Must be filled by disposer)

Name (print or type): Operating Ind

Site Address: Monterey Park

CODE NO.

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): _____ State fee (if any): _____

Handling Method(s):

 recovery

☐ treatment (specify):

<input type="checkbox"/> (treatment (specify)): _____ (EXAMPLES: INCINERATION, NEUTRALIZATION, PRECIPITATION)		CODE NO.
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☒ disposal (specify): ☐ pond ☐ spreading ☒ landfill ☐ injection well

☐ other (specify): _____

If waste is held for disposal elsewhere specify final location:

Disposal Date: 2-23-80

I certify (or declare) under penalty of perjury
that the foregoing is true and correct.

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

**FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING
HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.**

D.O.T. Proper Shipping Name

BILLING COPY